Notes/Changes

- Briefer – if service members are completing the health assessment through AKO you may hide/omit/modify slides 11 though 20. They are for use if the service member is filling out the hard copy form DD 2796
- V03.06 – added Post-Deployment Health Reassessment Form information

Re-Deployment Preventive Medicine Measures

Name

Command

Contact Information

USACHPPM
Readiness thru Health

Prepared by:
U.S. Army Center for Health Promotion and Preventive Medicine
(800) 222-9698/ DSN 584-4375/(410) 436-4375
http://chppm-www.apgea.army.mil/

AGENDA

- Purpose of this briefing
- Background on health concerns
- Medical threats / Health problems
- Re-deployment medical requirements
- Homecoming Stress
- Summary and where to get information

PURPOSE

To address any concerns you may have about your health and ensure that you understand the medical requirements for re-deployment

BACKGROUND

- Forces redeploy from all over the world

- Of utmost importance is force health protection and addressing concerns you might have about your health

STAYING HEALTHY GUIDE

- Unfold YOUR *Redeployment Guide*
- Basic information and resources
- Reference Guide for this Briefing

This guide is for use by all active/reserve component military, civilian, retiree, and contractor personnel. Any individual who is returning from any type of military operation should keep and refer to this guide.

POTENTIAL MEDICAL THREATS

- Threat Categories
  - Infectious
  - Vector borne
  - Animal associated
  - E[illegible]ental

- Diarrheal diseases
- Tuberculosis
- Malaria
- Dengue
- Meningococcal Meningitis
- Leishmaniasis
- Q-Fever
- Rabies
- Sandfly Fever
- Schistosomiasis
- Typhoid/Paratyphoid
- Typhus
- Boutonneuse Fever
- West Nile Fever
- Leptospirosis

COMMON HEALTH PROBLEMS

- Most illnesses occur while in theat
- You may experience minor, temporary changes in health after redeployment
- Some diseases may not cause symptoms until after returning home; most of these will show up within the first six months
- Take medications as directed by your physician (ex. Anti-malarial)

COMMON HEALTH PROBLEMS

- If you experience:
  - Fever
  - Muslce or joint pain
  - Stomach or bowel problems
  - Swollen glands
  - Skin problems
  - Excessive tiredness
  - Emotional problems
  - Sleep difficulties
  - Shortness of breath
  - Weight loss
- Seek medical care as soon as possible
- Be sure to tell your provider that you were deployed and where

MEDICAL REQUIREMENTS

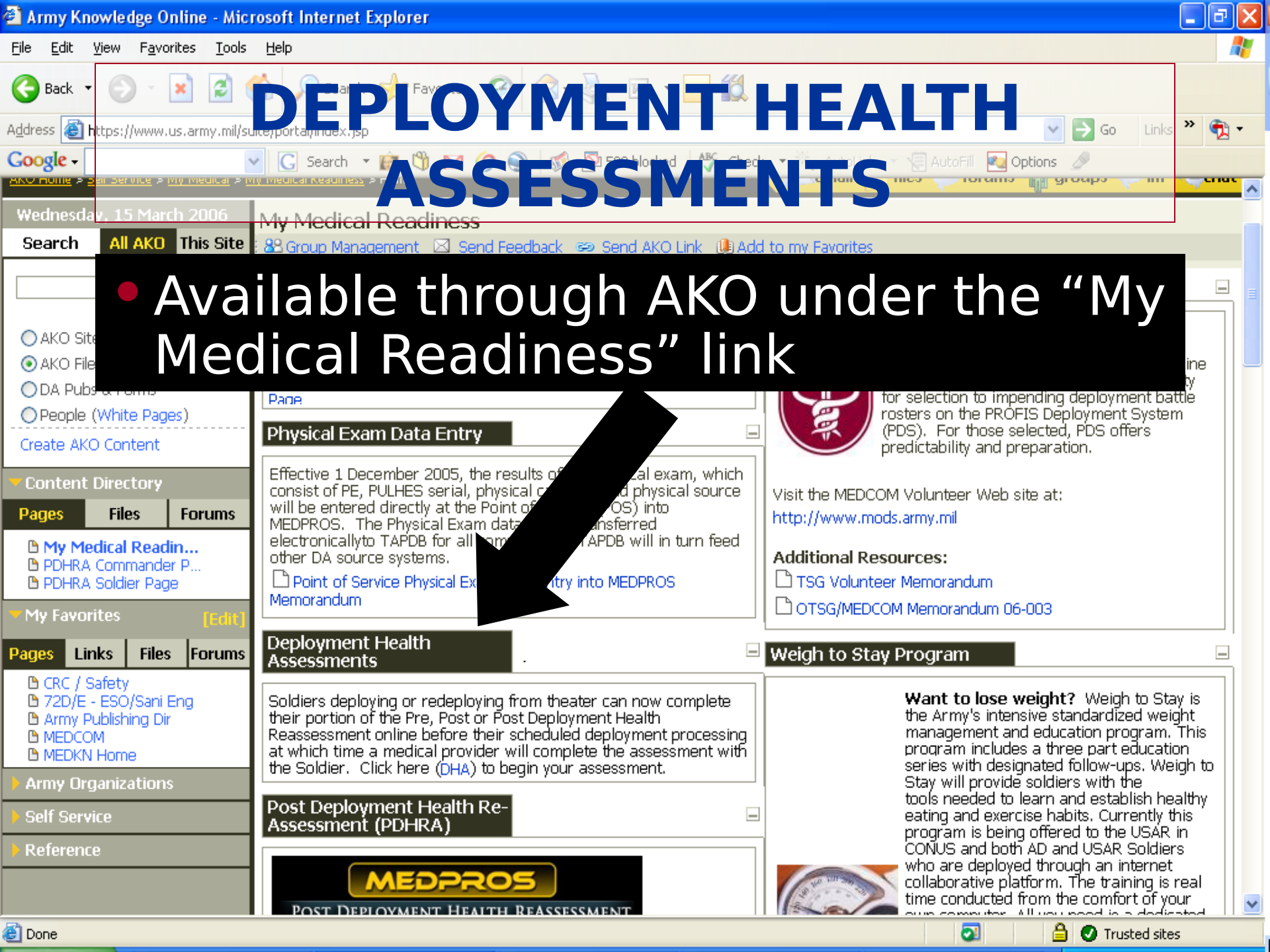
- In-theater
  - Receiving this post-deployment medical threat briefing
  - Completing the Post-Deployment Health Assessment (DD Form 2796)
  - Receiving post-deployment medical screening (of 2796), testing, and follow-up
  - Understanding where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test (TB), blood draw and any indicated referral appointments, post-deployment health reassessment (DD2900)

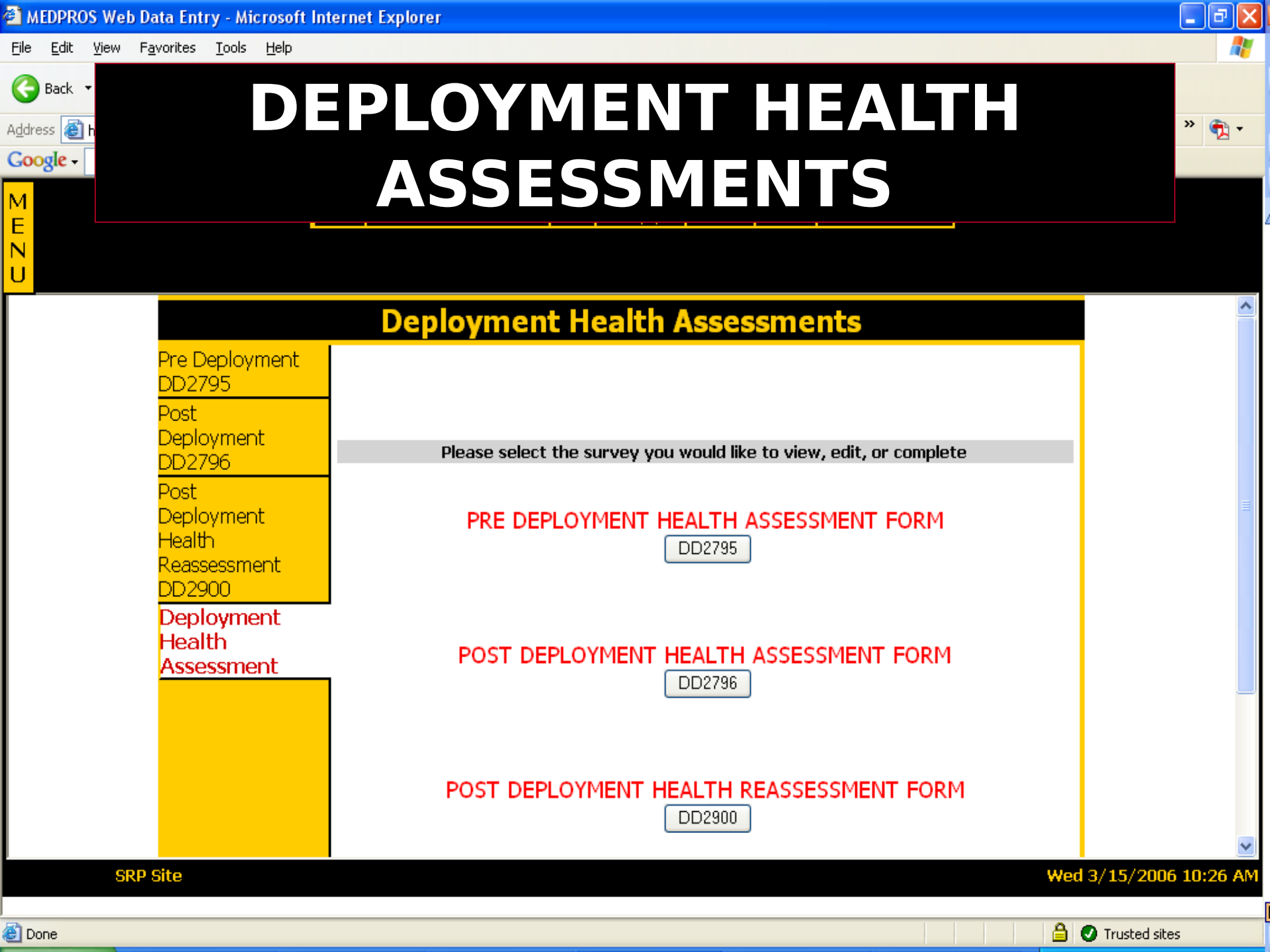
MEDICAL REQUIREMENTS

- In-theater
  - Receiving this post-deployment medical threat briefing
  - **Completing the Post-Deployment Health Assessment (DD Form 2796)**
  - Receiving post-deployment medical screening (of 2796), testing, and follow-up
  - Understanding where to go for health problems or concerns after you return home
- Home Station
  - TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)

DEPLOYMENT HEALTH ASSESSMENTS

- Available through AKO under the “My Medical Readiness” link

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MENU
Deployment Health Assessments
Pre Deployment DD2795
Post Deployment DD2796
Post Deployment Health Reassessment DD2900
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PRE DEPLOYMENT HEALTH ASSESSMENT FORM
DD2795
POST DEPLOYMENT HEALTH ASSESSMENT FORM
DD2796
POST DEPLOYMENT HEALTH REASSESSMENT FORM
DD2900
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Post-Deployment Health Assessment Form

Page 1: Service Member Administrative Information

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POST-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name MI

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

Gender
- O Male
- O Female

Service Branch
- O Air Force
- O Army
- O Coast Guard
- O Marine Corps
- O Navy
- O Other

Component
- O Active Duty
- O National Guard
- O Reserves
- O Civilian Government Employee

Pay Grade

O E1	O O01	O W1
O E2	O O02	O W2
O E3	O O03	O W3
O E4	O O04	O W4
O E5	O O05	O W5
O E6	O O06	
O E7	O O07	O Other
O E8	O O08	
O E9	O O09	
	O O10	

Location of Operation

O Europe	O Australia	O South America
O SW Asia	O Africa	O North America
O SE Asia	O Central America	O Other
O Asia (Other)	O Unknown	

To what areas were you mainly deployed: (mark all that apply - list where/date arrived)

O Kuwait		O Iraq	
O Qatar		O Turkey	
O Afghanistan		O Uzbekistan	
O Bosnia		O Kosovo	
O On a ship		O CONUS	
		O Other	

Name of Operation:

Occupational specialty during this deployment (MOS, NEC or AFSC)

Combat specialty:

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
O	O	O	Medical threat debriefing completed
O	O	O	Medical information sheet distributed
O	O	O	Post Deployment serum specimen collected

Reset

DD FORM 2796

- DD Form 2796 must be completed no more than 30 days prior to departing for home station
- Page 1: Administrative information
  - Deployment location
  - Country, list all
  - Operation (Iraqi Freedom, Enduring Freedom)

You will need your DD 2796 in hand to depart from theater

Do not pack it in your bags 15

DD FORM 2796

Please answer all questions in relation to THIS deployment

1. **Did your health change during this deployment?**
   - ○ Health stayed about the same or got better
   - ○ Health got worse

2. **How many times were you seen in sick call during this deployment?** ☐☐ No. of times

3. **Did you have to spend one or more nights in a hospital as a patient during this deployment?**
   - ○ No
   - ○ Yes, reason/dates: _____

4. **Did you receive any vaccinations just before or during this deployment?**
   - ○ Smallpox (leaves a scar on the arm)
   - ○ Anthrax
   - ○ Botulism
   - ○ Typhoid
   - ○ Meningococcal
   - ○ Other, list: _____
   - ○ Don't know
   - ○ None

5. **Did you take any of the following medications during this deployment?** *(mark all that apply)*
   - ○ PB (pyridostigmine bromide) nerve agent pill
   - ○ Mark-1 antidote kit
   - ○ Anti-malaria pills
   - ○ Pills to stay awake, such as dexedrine
   - ○ Other, please list _____
   - ○ Don't know

6. **Do you have any of these symptoms now or did you develop them anytime during this deployment?**

No	Yes During	Yes Now		No	Yes During	Yes Now	
○	○	○	Chronic cough	○	○	○	Chest pain or pressure
○	○	○	Runny nose	○	○	○	Dizziness, fainting, light headedness
○	○	○	Fever	○	○	○	Difficulty breathing
○	○	○	Weakness	○	○	○	Still feeling tired after sleeping
○	○	○	Headaches	○	○	○	Difficulty remembering
○	○	○	Swollen, stiff or painful joints	○	○	○	Diarrhea
○	○	○	Back pain	○	○	○	Frequent indigestion
○	○	○	Muscle aches	○	○	○	Vomiting
○	○	○	Numbness or tingling in hands or feet	○	○	○	Ringing of the ears
○	○	○	Skin diseases or rashes				
○	○	○	Redness of eyes with tearing				
○	○	○	Dimming of vision, like the lights were going out				

7. **Did you see anyone wounded, killed or dead during this deployment?** *(mark all that apply)*
   ○ No ○ Yes - coalition ○ Yes - enemy ○ Yes - civilian

8. **Were you engaged in direct combat where you discharged your weapon?**
   ○ No ○ Yes (○ land ○ sea ○ air)

9. **During this deployment, did you ever feel that you were in great danger of being killed?**
   ○ No ○ Yes

10. **Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?**
    ○ No ○ Yes

11. **Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?**

None	Some	A Lot	
○	○	○	Little interest or pleasure in doing things
○	○	○	Feeling down, depressed, or hopeless
○	○	○	Thoughts that you would be better off dead or hurting yourself in some way

Reset

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12. **Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....**

No	Yes	
○	○	Have had any nightmares about it or thought about it when you did not want to?
○	○	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
○	○	Were constantly on guard, watchful, or easily startled?
○	○	Felt numb or detached from others, activities, or your surroundings?

13. **Are you having thoughts or concerns that ...**

No	Yes	Unsure	
○	○	○	You may have serious conflicts with your spouse, family members, or close friends?
○	○	○	You might hurt or lose control with someone?

14. **While you were deployed, were you exposed to:** *(mark all that apply)*

No	Sometimes	Often	
○	○	○	DEET insect repellent applied to skin
○	○	○	Pesticide-treated uniforms
○	○	○	Environmental pesticides (like area fogging)
○	○	○	Flea or tick collars
○	○	○	Pesticide strips
○	○	○	Smoke from oil fire
○	○	○	Smoke from burning trash or feces
○	○	○	Vehicle or truck exhaust fumes
○	○	○	Tent heater smoke
○	○	○	JP8 or other fuels
○	○	○	Fog oils (smoke screen)
○	○	○	Solvents
○	○	○	Paints
○	○	○	Ionizing radiation
○	○	○	Radar/microwaves
○	○	○	Lasers
○	○	○	Loud noises
○	○	○	Excessive vibration
○	○	○	Industrial pollution
○	○	○	Sand/dust
○	○	○	Depleted Uranium (If yes, explain) _____
○	○	○	Other exposures _____

15. **On how many days did you wear your MOPP over garments?** ☐☐ No. of days

16. **How many times did you put on your gas mask because of alerts and NOT because of exercises?** ☐☐ No. of times

17. **Were you in or did you enter or closely inspect any destroyed military vehicles?**
    ○ No ○ Yes

18. **Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?**
    - ○ No ○ Don't know
    - ○ Yes, explain with date and location

_____

_____

_____

DD FORM 2796, APR 2003

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DD FORM 2796

- Page 2: Service Member Report
  - Report vaccinations, medications, and health care during deployment process
  - Report experiences, symptoms or concerns
- Page 3: Service Member Report
  - Report possible exposures and duration
  - Identify potentially hazardous situations that may concern you

You will need your DD 2796 to out-process from theater

Post-Deployment Health Assessment Form

Page 4: Health Care Provider Assessment

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ☐☐☐ — ☐☐ — ☐☐☐☐

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
2. Do you have any medical or dental problems that developed during this deployment? ○ Yes ○ No
3. Are you currently on a profile or light duty? ○ Yes ○ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ○ Yes ○ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ○ Yes ○ No
   Please list concerns: _____
6. Do you currently have any questions or concerns about your health? ○ Yes ○ No
   Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- ○ None
- ○ Cardiac
- ○ Combat/Operational Stress Reaction
- ○ Dental
- ○ Dermatologic
- ○ ENT
- ○ Eye
- ○ Family Problems
- ○ Fatigue, Malaise, Multisystem complaint
- ○ Audiology
- ○ GI
- ○ GU
- ○ GYN
- ○ Mental Health
- ○ Neurologic
- ○ Orthopedic
- ○ Pregnancy
- ○ Pulmonary
- ○ Other _____

EXPOSURE CONCERNS (During deployment):

- ○ Environmental
- ○ Occupational
- ○ Combat or mission related
- ○ None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

End of Health Review

Reset

MEDICAL REQUIREMENTS

- In-theater
  - Receiving this post-deployment medical threat briefing
  - Completing the Post-Deployment Health Assessment (DD Form 2796)
  - **Receiving post-deployment medical screening (of 2796), testing, and follow-up**
  - Understanding where to go for health problems or concerns after you return home
- Home Station
  - TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)

DD FORM 2796

- Page 4: Health Assessment
  - Face-to-face discussion with Health Care Provider (HCP)
  - Answer based on how you are feeling today
  - Review of completed DD 2796 with HCP
  - Follow-up may be recommended at home station
  - Answering yes to any questions will not delay your departure from theater

Hand-carry a copy of your DD 2796 all the way through your home station out-processing

MEDICAL REQUIREMENTS

- In-theater
  - Receiving this post-deployment medical threat briefing
  - Completing the Post-Deployment Health Assessment (DD Form 2796)
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  - **Understanding where to go for health problems or concerns after you return home**
- Home Station
  - TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)

SO YOU HAVE HEALTH QUESTIONS AND CONCERNS

- **Step 1**
  - **Be aware that some conditions (like malaria, tuberculosis, and others) may not produce symptoms for weeks to months after you return home.**
- **Step 2**
  - **Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.**
- **Step 3**
  - **If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.**
- **Step 4**
  - **The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.**

DOD DEPLOYMENT HEALTH CLINICAL CENTER

Walter Reed Army Medical Center

6900 Georgia Avenue, NW

Building 2, Room 3G04

Washington, DC 20307-5001

Phone: (202) 782-6563

Fax: (202) 782-3539

DSN: 662-3577

Toll Free Help Line: (866) 559-1627

http://www.pdhealth.mil

DHCC

DEPLOYMENT HEALTH CLINICAL CENTER

MEDICAL REQUIREMENTS

- In-theater
  - Receiving this post-deployment medical threat briefing
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- Home Station
  - **TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)**

MEDICAL REQUIREMENTS

- Tuberculosis Skin Test
  - A skin test on the forearm to show if you have been exposed to tuberculosis
  - Delayed onset of positive test in some folks requires that you be tested twice:
    - At the time of redeployment
    - At 3-6 months after redeployment

    (Date will be indicated on your DD Form 2796)
  - You must return 48-72 hours after the test to have it read and documented by a health care professional
- Blood sample taken at home station

DD FORM 2900

- Post Deployment Health Reassessment
  - Completed 3-6 months after re-deployment
  - Must complete the demographic information portion; the remainder of the form is voluntary
  - The form will be completed through AKO or MEDPROS at a screening location
  - A healthcare provider will review and discuss your answers with you

BLOOD DONATION

- If you get malaria you will be deferred from donating blood for 3 years

Many soldiers who have been deployed overseas cannot donate blood for a year after redeploying.

REUNITING WITH FAMILY AND FRIENDS

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.
- Refer to the ***A Soldier and Family Guide to redeploying*** for things to remember during reunio friends.
- Chaplains and counselor are available to help cop with homecoming stress

SUMMARY

- Background
- Medical Threats / Health Problems
- Post Deployment Requirements
- Completion of DD Form 2796
- Where to go for health information
- Homecoming Stress

CONCLUSION

It is important to the US military and the nation that you enjoy good health as you rejoin your family and friends upon return to home station.

If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.

Are there any questions?